**Getting Ahead**

**PARTICIPANT APPLICATION**

**GENERAL**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Please list names of **ALL** adults in household:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your children’s names and ages:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

Do your children live with you? Y N If not, where do they live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have visitation rights? Y N Are other children in household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL**

I was referred to Getting Ahead by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (This person may be contacted to discuss your situation)

**EMPLOYMENT**

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION**

Highest grade completed (circle) 1-6 7-8 9 10 11 12 Assoc. BA/BS Master’s

Currently enrolled in (Education Program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated completion date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

Please circle all sources of income:

Wages TANF SSI Unemployment Child support

Total monthly income for all sources $\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION**

Do you have a working vehicle? Y N OR Are you on a bus route? Y N

**CURRENT SERVICE AGENCIES**

Please check the agencies you are currently working with:

|  |  |
| --- | --- |
|   | Head Start |
|  | Energy Assistance (LIHP, Catholic Charities, First UM Church, Sec 8) |
|  | Food Stamps/SNAP |
|  | Free/Reduced School lunches, WIC |
|  | Academic Financial Aid |
|  | Link Up Phone Service |
|  | Salvation Army (after school program) |
|  | DRS Vocational Rehab |
|  | Adult Education (GED) |
|  | Other: |

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**Place a check next to the areas where you are experiencing difficulties:**

\_\_\_\_\_ Employment \_\_\_\_\_ Isolation

\_\_\_\_\_ Transportation \_\_\_\_\_ Housing

\_\_\_\_\_ Training/Education \_\_\_\_\_ Alcohol/Drugs

\_\_\_\_\_ Budget \_\_\_\_\_ Childcare costs

\_\_\_\_\_ Legal \_\_\_\_\_ Healthcare costs

\_\_\_\_\_ Parenting

**I certify that the following are true (check):**

\_\_\_\_\_ I am not in major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation,

 homeless); major crisis has been stabilized.

\_\_\_\_\_ I give permission for the Bridges staff to talk to my referring source about my life situation, strengths, and

barriers.

\_\_\_\_\_ I am willing to work with others to become self-sufficient; i.e., independent of public assistance.

\_\_\_\_\_ I am willing to participate in an interview with Bridges staff. It is my responsibility to arrange child care during the

interview (approximately 1.5 hours).

\_\_\_\_\_ I am willing to participate in an 18-20 week training course. (Approximately 2.5 hours, one evening per week,

child care/dinner provided.)

**Please provide the names and contact information of any other professionals you receive ongoing supportive services from:**

|  |  |
| --- | --- |
| **SERVICE/PROFESSIONAL** | **CONTACT NAME & TELEPHONE NUMBER** |
| Alcohol/Drug |  |
| Treatment |  |
| Counselor/Therapist |  |
| Vocational Rehab |  |
| Other |  |

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When you sign this page, you are giving permission for us to exchange information with the above people if necessary. Information will be used to determine eligibility for the Getting Ahead initiative and track progress toward goals. You are giving us permission to use photos and videos of you taken during participation in this program.

I authorize [Organization], DeVol & Associates, LLC, and aha! Process, Inc. to use my mental model in publicity and/or educational purposes.

These organizations \_\_\_\_\_May or \_\_\_\_\_ May Not use my name with my mental model.

You further understand that a background check will be taken for informational purposes, but will not solely disqualify you for participation.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is an application for the Getting Ahead training. It does not guarantee you will be accepted. Thank you for your interest and for taking the time to complete this application.

Please return applicationby mail, fax, or email to:

Getting Ahead [Organization name]

**Office use only:**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Address 1]

[City, State ZIP]

[Fax]

[Email]

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